

	1
CAMP ACTON	
TOWN OF ACTON	
DAY & OVERNIGHT CAMPING PERMIT	

Permit No.	
Date Issued	

NAME		GROU	GROUP (if applicable)		
ADDRESS		EMAIL	(required)		
	PHONE	PHONE			
Please fill out the followir attach additional sheet if		t pertains to	o all membe	ers of your party, including children,	
NAME	ADDRESS		AGE	VEHICLE PLATE # & STATE	
Date of arrival		Date o	f Departure		
Time of Arrival 12:00 PM (ea Time of Departure: 10:00 AM (late	rliest)est)			uesteder of Campers Per Site = 10 total	
	In case of emeFor non-emer	ergency dia gency calls	l 911 , dial (978) 2	Police Department: 264-9638 Police Business line	
Comments/Special Requests:					
instructors, their heirs, assigr judgments, executions, cost a	ns, and the administr nd any and all other c om all known or unkno	ators/employe laims or dama	es from any ges whatsoev	ation Commission, its members, officers, and and all actions, claims, demands, damages, ver, both in law or in equity, on accentuate of, scious suffering, or any damages from my/my	
Signature Required				Date	
please contact the Town of Ac is onsite from April 1st though	cton Recreation Secre Nov. 30 th . Please dis gned approved permi	etary (978) 92 splay a copy o t is required v	9-6436. All ite of the signed whether for da	s Department. For questions/comments, ems are carry-in, carry-out. A portable toilet permit easily visible to local authorities on by or overnight use by the Recreation	
	Natural Re	sources Depa	artment	Date Approved	

TO ALL REGISTRANTS OF CAMP ACTON: PRIOR TO FIRE USAGE, PLEASE CONTACT THE ACTON POLICE AND (978) 264-9638 AND FIRE DEPARTMENTS (978) 264-9645 TO OBTAIN CONSENT.

THANK YOU.